

County: Oneida

Facility ID: 3500

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FRIENDLY VILLAGE

900 BOYCE DRIVE, P. O. BOX 857

RHINELANDER 54501 Phone: (715) 365-6740

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 140

Total Licensed Bed Capacity (12/31/03): 150

Number of Residents on 12/31/03: 126

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

Yes

Yes

Yes

127

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		18.3
Supp. Home Care-Personal Care	No					1 - 4 Years		41.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.9	More Than 4 Years		20.6
Day Services	No	Mental Illness (Org./Psy)	15.1	65 - 74	12.7			----
Respite Care	No	Mental Illness (Other)	4.8	75 - 84	35.7			80.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.8	85 - 94	34.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.9		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	15.1	65 & Over	92.1	-----		
Transportation	No	Cerebrovascular	6.3		-----	RNs		6.4
Referral Service	No	Diabetes	4.0	Gender	%	LPNs		9.2
Other Services	No	Respiratory	4.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	41.3	Male	30.2	Aides, & Orderlies		
Mentally Ill	No		----	Female	69.8			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	1	1.1	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	0.8
Skilled Care	13	100.0	288	92	96.8	120	0	0.0	0	18	100.0	177	0	0.0	0	0	0.0	123	97.6
Intermediate	---	---	---	2	2.1	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	1.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	13	100.0		95	100.0		0	0.0		18	100.0		0	0.0		0	0.0	126	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	8.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.6	72.2	26.2	126
Other Nursing Homes	0.4	Dressing	11.9	71.4	16.7	126
Acute Care Hospitals	87.2	Transferring	29.4	55.6	15.1	126
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	19.0	61.1	19.8	126
Rehabilitation Hospitals	0.0	Eating	55.6	39.7	4.8	126
Other Locations	3.9	*****				
Total Number of Admissions	257	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.9	Receiving Respiratory Care		9.5
Private Home/No Home Health	28.2	Occ/Freq. Incontinent of Bladder	46.0	Receiving Tracheostomy Care		0.8
Private Home/With Home Health	28.6	Occ/Freq. Incontinent of Bowel	31.7	Receiving Suctioning		0.0
Other Nursing Homes	4.2			Receiving Ostomy Care		2.4
Acute Care Hospitals	15.3	Mobility		Receiving Tube Feeding		2.4
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	4.0	Receiving Mechanically Altered Diets		27.0
Rehabilitation Hospitals	0.0					
Other Locations	8.0	Skin Care		Other Resident Characteristics		
Deaths	15.6	With Pressure Sores	7.1	Have Advance Directives		77.0
Total Number of Discharges		With Rashes	6.3	Medications		
(Including Deaths)	262			Receiving Psychoactive Drugs		61.1

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.7	80.8	1.05	84.0	1.01	84.0	1.01	87.4	0.97
Current Residents from In-County	76.2	73.7	1.03	80.7	0.94	76.2	1.00	76.7	0.99
Admissions from In-County, Still Residing	14.0	19.8	0.71	21.5	0.65	22.2	0.63	19.6	0.71
Admissions/Average Daily Census	202.4	137.9	1.47	135.6	1.49	122.3	1.65	141.3	1.43
Discharges/Average Daily Census	206.3	138.0	1.50	137.2	1.50	124.3	1.66	142.5	1.45
Discharges To Private Residence/Average Daily Census	117.3	62.1	1.89	62.4	1.88	53.4	2.20	61.6	1.90
Residents Receiving Skilled Care	98.4	94.4	1.04	94.8	1.04	94.8	1.04	88.1	1.12
Residents Aged 65 and Older	92.1	94.8	0.97	94.5	0.97	93.5	0.98	87.8	1.05
Title 19 (Medicaid) Funded Residents	75.4	72.0	1.05	71.9	1.05	69.5	1.08	65.9	1.14
Private Pay Funded Residents	14.3	17.7	0.81	17.4	0.82	19.4	0.73	21.0	0.68
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	19.8	31.0	0.64	31.8	0.62	36.5	0.54	33.6	0.59
General Medical Service Residents	41.3	20.9	1.98	21.1	1.96	18.8	2.19	20.6	2.01
Impaired ADL (Mean)	46.7	45.3	1.03	47.6	0.98	46.9	0.99	49.4	0.94
Psychological Problems	61.1	56.0	1.09	57.6	1.06	58.4	1.05	57.4	1.07
Nursing Care Required (Mean)	6.9	7.2	0.96	7.8	0.89	7.2	0.97	7.3	0.95